(c) the steps proposed by Government to address the problems of unsafe water, inadequate sanitation and poor hygiene?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Consumption of contaminated drinking water and lack of adequate sanitation facilities increase the risk of diseases like diarrhea, cholera, typhoid (enteric fever), hepatitis, worm infestations etc. As per the Information furnished by Central Bureau of Health Intelligence (CBHI), the total number of deaths caused due to contaminated water and poor sanitation in the country during the years 2005-2007 are given below:

Year	Number of Deaths
2005	3290
2006	4531
2007	3850

(b) and (c) The United Nations General Assembly has adopted eight Millennium Development Goals (MDG) to reduce poverty and increase health and well-being of all people. The targets fixed in MDG for safe drinking water and sanitation is to halve, by 2015, the proportion of the population without sustainable access to safe drinking water and sanitation. The target, as worked out from MDG for sanitation coverage in rural areas is 55% coverage by the year 2015. The Millennium Development Goals Report, 2007 of Ministry of Statistics & Programme Implementation indicates that by the year 2006, the rural sanitation coverage is estimated to be 39.25%. The report also Indicates that as per data available on 01.04.2006, 91% of the habitations in the country have access to safe source of drinking water, about 2.8% are partially covered, less than 0.2% are yet to be covered and 6% habitations with problems of water quality to be tackled.

The Government of India supplements the efforts of the State Governments/Union Territories by providing funds under Accelerated Rural Water Supply Programme (ARWSP), Accelerated Urban Water Supply Programme, Total Sanitation Campaign, School Sanitation & Hygiene education and Low cost sanitation scheme for tackling quality related problems in respect of drinking water supply and sanitation facilities. The National Rural Health Mission (NRHM) is also focused on basic health care delivery systems through a synergistic approach focusing on sanitation, water, nutrition and health care.

Malaria cases in Goa

1321. SHRI SHANTARAM LAXMAN NAIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government is aware of increasing cases of malaria in the State of Goa;

(b) the number of cases reported in the last 6 months;

(c) whether the State Government has approached Government for assistance in this regard;

(d) whether any team of Central Government has visited Goa in recent times; and

(e) if so, the details of the finding of the team?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes Sir, Malaria cases in Goa has increased to 8252 as compared to 7806 during the corresponding period of 2007. However, during last six months (May-October) in 2008, 5732 malaria cases were reported as compared to 6254 in 2007 during the same period.

(c) State Government has not approached the Union Government for assistance.

(d) and (e) During 2007, Central team from Regional Office of Health & Family Welfare, Bangalore has taken up drug sensitivity study. Based on the results the Sulfa Pyremethamine Artesunate combination therapy for treatment of P. falciparutn has been introduced in the State.

Absenteism among the health workers

1322. SHRI B.K. HARIPRASAD: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the World Bank's Global Monitoring Report 2008 has revealed rampant absenteeism among health workers in the country assessed at 40 per cent among the primary health care workers;

(b) whether it is a fact that absenteeism among health workers is more acute in rural areas; and

(c) whether this factor is likely to adversely impact the on-going Millennium Development Goals projects aimed at reducing child and maternal mortality?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (c) The world Bank's Global Monitoring Report 2008 has been published by World Bank (WB) and International Monitory Fund (IMF) as an assessment of progress made by various countries towards achieving the Millennium Development Goals (MGDs). The report is based on findings, interpretations and conclusions contained in working papers prepared by WB. The report notes that performance of health facilities in India can be substantially improved if the absenteeism among health workers is addressed.

Availability of appropriate skill mix at various levels in the public health delivery system is a key determinant of functionality of health facilities. Due to constraints of infrastructure and relatively weak overall development in rural areas, it has been a challenge to retain health functionaries on 24x7 basis in health facilities in rural areas. This factor has been noted as a key determinant to achieving the MDG in India.

To address this matter, the Government has included Human resource augmentation as key component of the National Rural Health Mission (NRHM). The NRHM was launched on 12th April 2005 for the period 2005-2012 and aims to provide accessible, affordable and quality health services to the poorest households in the remotest rural regions. NRHM includes strategies like local recruitment of human resources on contract, recruitment for specific health facilities by the Rogi Kalyan Samitis, incentives and hard area allowances, blended payments to health functionaries for